PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

214598

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN		
TC	TAL CLAIMS		7					RATE	FEE		RATE	FI	EE
FOR NUMBER FILE					NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740	0.00
то	TAL CHARGEA	BLE CLAIMS	1 min	us 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS / minus 3 =					*			X42=			X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=			+280=		
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL	- 4-	OR.	TOTAL	74	10
CLAIMS AS AMENDED - PART						10.1 3		SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
	(Column 1) (Column 2) CLAIMS HIGHEST				(Column 3)		SMALL	ADDI-		SWALL		DI-	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIO	NAL EE
AMENDMENT	Total	* <i>'</i>)	Minus	** _	-	=		X\$ 9=		OR	X\$18=		
AME	Independent	* //	Minus	***	-	=		X42=	,	OR	X84=		:
L	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							L .	TOTAL ADDIT. FEE	- 7	OR	TOTAL ADDIT. FEE		
	•	•		• . •	'								
ENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. .	RATE	TIO	DI- NAL EE
MON	Total	* 7	Minus	** 2	6_	=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	* (Minus	***	3	= —		X42=	. ពិភិព្យុ	OR	- X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
.•	BEST AVAILABLE COPY						1	TOTAL ADDIT, FEE	. •		TOTAL ADDIT. FEE	· ·	
.,	•	(Column 1)	(Column 2) (Column 3)					ADDII. 1 EE I			- ADDM. 1 EE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE
AMENDMENT	Total	* 9	Minus	** /	20	=		X\$ 9=		OR	X\$18=		\mathcal{T}
AME	Independent	* /	Minus	***	<u>3</u>	=	11	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN			I CLAIM		ا ا	+140=^		OR	+280=	П		
	* If th entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		OR	TOTAL		
***If th "High st Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number	•

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		CLAIMS A	S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TO	TAL CLAIMS							RATE	FEE	1	RATE	FEE	
FC	PR		NUMBER	FILED	NUMBER EXTRA			SIC FEE	370.00	OR	BASIC FEE	740.00	
тс	TAL CHARGEA	ABLE CLAIMS	mir	nus 20=	*			(\$ 9 =		OR	X\$18=		
INC	EPENDENT CL	_AIMS	mi	nus 3 =	*	;	X42=			X84=			
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140=			OR OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L. T	OTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							C	OTHER SMALL ENTITY OR SMALL				THAN	
			(Colur				MALL	ENIIII	OR	SMALL			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total	. 20	Minus	** 2	20	=	×	\$ 9=	OI		X\$18=	1	
AME	Independent	* (Minus	***	3	=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=		
										٠٠٠ <u>ا</u>	707.1		
								TOTAL IT. FEE		OR	TOTAL ADDIT, FEE		
							٨٥٥	11. FEE (•	10011.1 CE		
	(Column 1) (Column 2)					(Column 3)							
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	;	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 28	Minus	** a	20	= 8	×	\$ 9=		OR	X\$18=	1440	
ME	Independent	. /	Minus	***	<u>3</u>	= -	×	(42=	·	OR	X84=		
L	FIRST PRESE	140=		OR	+280=								
		PE	ST AV	AII AR	IF C	OPY	ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	14400	
		(Column 1)		(Colur		(Column 3)						pd,	
				HIGH					ADDI-	1 1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL	
202	Total	*	Minus	**		=	×	\$ 9=	,	OR	X\$18=		
ME	Independent	*	Minus	***		=	X			OR	X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDENT CLAIM				—				_		
								140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.													
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